

2015 HCBS Provider Self-Assessment Frequently Asked Questions

Introduction: Comments are grouped by topic, and within each section comments of a similar nature may be grouped together with a single response provided for each group. Comments from a single person that covered multiple issues may have been divided into topics as noted above; however, written comments are included verbatim, comments received in-person have been paraphrased based on notes taken by department staff present at the trainings.

Questions related to completion of Section C

- 1. Question:** Is there any way to put pages 6, 7, and 8 of the self-assessment on the share individually so we can send these to providers who need extra pages?
Answer: HCBS Specialists can email Word documents upon request which contain only pages 6, 7, and 8 of the self-assessment if providers request additional pages to complete sections C-1, C-2, or C-3.

Questions related to Section C-2, service location sites

Please note; instructions for completion of Section C-2 have been revised. Please complete this section for all sites newly opened in 2015 considered to be provider owned or provider controlled.

- 1. Question:** I just noticed that in Section C-2 the top and the bottom sections don't match up. For the top site entry, the second to last box on the right has you select whether the site is either residential or non-residential. For the bottom site entry, the second to last box on the right has you select whether the site is provider owned/provider controlled or member owned/member controlled. Are these supposed to be different?
- 2. Question:** The residential/ non-residential versus the provider owned/provider controlled. Why are they labeled differently for the same section?
Answer to questions 1-2: This was an oversight. Information on provider-owned or controlled sites is being collected and should be identified in section C-2. Please indicate if the provider-owned or controlled site(s) in section C-2 are locations that provide residential (home/apt) or non-residential services (vocational/day program).
- 3. Question:** Section C-2 on the 2015 SA directs providers to identify only new provider-owned or provider-controlled locations. How do we indicate any sites which have closed since the 2014 SA was completed?
Answer: It is not necessary to include any sites that have closed since the 2014 self-assessment was completed. If needed, the department is able to obtain information on closed sites through other means.

Questions related to Section C-3

Section C-3 is new for 2015 and will collect additional service site data to supplement Iowa's transition plan.

1. **Question:** If a provider owns a home where daily services are provided that is adjacent to the local hospital does this need to be identified? I didn't think so because the services aren't hinged on that location but I wanted to double check. Also, do assisted livings count for this?

Answer: If the home is merely located adjacent to a hospital campus but the home is not owned or leased by the hospital and the waiver or Habilitation services are not provided by an agency affiliated with the local hospital, this site would not need to be included in section C-3. In order for this type of setting to be identified in Section C-3, the provider of daily services must be affiliated with, or own, the local hospital. The same is true with an assisted living. If the assisted living where HCBS waiver services are provided is located on the hospital campus, it should be included in Section C-3.

2. **Question:** Would an assisted living that is attached to a community clinic need to identify in C-3?

Answer: If the assisted living is attached to a community clinic that provides in-patient treatment, it should be identified in section C-3.

3. **Question:** So, generally the question is "Can we better describe what we are looking for in C-3 and provide some examples?"

Answer: There are a few of HCBS waiver and Habilitation settings that Iowa has identified in its transition plan to CMS that will be subject to higher scrutiny due to their potential to isolate members. More information on these types of settings can be found at this webpage <http://dhs.iowa.gov/ime/about/initiatives/HCBS> and specifically in the document titled "Iowa Settings that Isolate". This document provides examples of federally-funded waiver and Habilitation service settings in Iowa that may be considered isolating and subject to higher scrutiny in order to determine whether the site meets federal rules regarding settings. The purpose of section C-3 is to more accurately collect and assess data on Iowa's HCBS and Habilitation setting locations that may be subject to higher scrutiny.

Questions related to HCBS Settings Rules, and how those rules pertain to Iowa's HCBS providers.

1. **Question:** How do Habilitation services fit into the settings that are in a RCF and/or PMIC?
2. **Question:** Can Day Habilitation and Pre-Vocational services be held in buildings with the administrative offices?
3. **Question:** Can offices be at the residential sites, 15-bed RCF/PMI? Like nurses' office and so on.

Answer to Questions 1-3: All of the federal settings rules still apply to services provided in the above settings, including those sites which include administrative offices. The providers of these types of provider owned or controlled sites are required to meet additional criteria in order to provide evidence that they are meeting the settings standards.